## **EXHIBIT 5**



## **ANNUAL STATEMENT**

For the Year Ended December 31, 2017 of the Condition and Affairs of the

## FEDERAL INSURANCE COMPANY

e de la companya de	LULIV			TITOL	COMIL			
NAIC Group Code626, 62		NAIC Company Code 20281			Emplo	Employer's ID Number 13-1963496		
Organized under the Laws of	d) (Prior Period)	State of Do	micile or Port	of Entry IN		Country of Domicile	US	
Incorporated/Organized Fe		0.0.0		The state of the s	usiness March			
Statutory Home Office	One	American Squate and Number			0 Indianapolis	IN US 462	282	
Main Administrative Office		202B Hall's Mill Road Whitehouse Station NJ US 0888 (Street and Number) (City or Town, State, Country and Zip Code)				39 215-640-1000 (Area Code) (Telephone Number		
Mail Address		Hall's Mill Roat t and Number or I			NJ US 088 Country and Zip Code			
Primary Location of Books and Records		One American Square, 202 N Illinois St, Suite 2600 Indianapolis (Street and Number) (City or Town, State, Country and Zip Code)				S IN US 46282215-640-1000 (Area Code) (Telephone Number		
Internet Web Site Address		.chubb.com				24	- 040 5050	
Statutory Statement Contact		Paul Taylor					5-640-5259	
		(Name) john.taylor4@chubb.com				(Area Code) (Telephone Number) (Extension 215-640-5525		
		il Address)	0.00111				Fax Number)	
			OFFIC	ERS				
Name	25 500	Title			Name		Title	
Paul Joseph Krump     Paul Joseph Krump	President			2. Drew Kiehn S	pitzer	Treasurer		
Brandon Michael Peene	Secretary		OTH	4. ED				
Devil Cornel OlCornell	Coning Vine Dans	ident 0 Object A	100000000000000000000000000000000000000	70 77577	Chin	Carical Gas Dass	ld-at	
Paul Gerard O'Connell Jason Paul Howard	Senior Vice Pres Senior Vice Pres		auary	Bay Hor	n Chin s Dugan O'Brien	Senior Vice Pres Senior Vice Pres		
John Paul Taylor	Senior Vice President  Senior Vice President			bugan o bhen	5 Brief Serior Vice President			
		DIREC	TORSOL	R TRUSTEE	:c			
Walter Brian Barnes #	Paul Josep		TORO O	John Joseph Lup		Allison Williams N	Meta	
		nael Rampe		Drew Kiehn Spitz		Edward Dominic	Zaccaria #	
State of PENNSYLVANIA								
County of PHILADELPHIA								
The officers of this reporting entity stated above, all of the herein descherein stated, and that this stateme of all the assets and liabilities and therefrom for the period ended, and manual except to the extent that: (1	ribed assets were the ent, together with rela of the condition and a d have been complete l) state law may differ	e absolute properted exhibits, schiffairs of the saided in accordancer; or, (2) that sta	erty of the said r ledules and exp reporting entity e with the NAIC te rules or regul	eporting entity, free lanations therein of as of the reporting Annual Statement ations require differ	e and clear from any contained, annexed g period stated above Instructions and Acceptage in reporting	y liens or claims thereon, or referred to, is a full an ye, and of its income and counting Practices and I not related to accounting	except as d true statement d deductions Procedures g practices and	
procedures, according to the best of includes the related corresponding enclosed statement. The electronic (Circulary)	electronic filing with	the NAIC, when	required, that is regulators in lie	an exact copy (ex u of or in addition t	cept for formatting	differences due to electro ement.		
(Signature)		(Signature)				(Signature) Brandon Michael Peene		
Paul Joseph Krump  1. (Printed Name)		Drew Kiehn Spitzer 2. (Printed Name)				3. (Printed Name)		
President		Treasurer				Secretary		
(Title)		(Title)				(Title)		
Subscribed and swom to before me			а	Is this an original fil	ing?		es [X1 No [ 1	

2018

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b. If no

1. State the amendment number

3. Number of pages attached

2. Date filed